

SIU Audit - Categorical New Form

Facility Name: _____

Location Address: _____

District: _____

Subdistrict: _____

Primary Contact: _____

Inspector: _____

Date of Inspection: _____

Permit:

I A. General IU Information

Is the permit application in the file? Yes ☐ No ☐

Does the IU have an active IW permit? (Check the MF) Yes ☐ No ☐

Is the permit in the file? Yes ☐ No ☐

Permit effective date of last issuance: _____

Permit issued within 180 days of expiration of prev permit? Yes ☐ No ☐

I B. Type of Permit

EPA Category _____

Subparts _____

PSES or PSNS (Choose all that apply)

PSES ☐ PSNS ☐

Concentration Based Standards? Yes ☐ No ☐

Production Based Standards? Yes ☐ No ☐

Integrated? Yes ☐ No ☐

Non-integrated? Yes ☐ No ☐

Combined wastestream formula? Yes ☐ No ☐

Applicable SIC _____

Applicable IC _____

I C. Compliance Requirement Records Review

Was this IU inspected at least once per quarter? Yes ☐ No ☐

If No, why not?

Were any deficiencies identified in previous inspections?

Yes ☐ No ☐

Describe follow-up status on deficiencies

Were all chain-of-custody forms completed?

Yes ☐ No ☐

If not, explain and notify supervisor

The required sampling frequency is

Was POTW compliance sampling done as required?

Yes ☐ No ☐

If not, explain & notify supervisor

Was POTW sampling done for all regulated parameters?

Yes ☐ No ☐

Analysis done for all regulated parameters at least 1/yr?

Yes ☐ No ☐

If not, explain & notify your supervisor

Problems with this IU in last 12 months?

Yes ☐ No ☐

Have NOV(s) been issued for all violations?

Yes ☐ No ☐

If not, explain & notify supervisor

Have all NOV(s) received a response letter from the IU?

Yes ☐ No ☐

If not, explain further actions taken

Identify NOV(s) inadequately addressed by IU

Explain further actions taken

Discharge violations resulted in resample within 30 days?

Yes ☐ No ☐

If not, explain

II A. Operating Schedule and Processes Used

Shift 1 - Number of Employees

1. Working Hours Start Time:

1. Working Hours End Time:

1. Working Days: (Choose all that apply)

Sunday

☐

Thursday

☐

Monday

☐

Friday

☐

Tuesday

☐

Saturday

☐

Wednesday

☐

1. Hours of IW Discharge Start Time:

1. Hours of IW Discharge End Time:

Shift 2 - Number of Employees

2. Working Hours Start Time:

2. Working Hours End Time:

2. Working Days: (Choose all that apply)

Sunday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>		

2. Hours of IW Discharge Start Time: _____

2. Hours of IW Discharge End Time _____

Shift 3. Number of Employees _____

3. Working Hours Start Time: _____

3. Working Hours End Time: _____

3. Working Days: (Choose all that apply)

Sunday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>		

3. Hours of IW Discharge Start Time: _____

3. Hours of IW Discharge End Time: _____

Scheduled shutdown dates: _____

II B. Production Information

Manufacturing processes used (general business type): _____

Is production subject to seasonal variations? Yes ☐ No ☐

If yes, briefly explain and state months in operation: _____

Principal products produced _____

Production rate _____

Production level _____

Amount of raw materials used _____

Amount of finished product _____

III A. Water Usage

DWP 90% Average Flow (GDP): _____

Comments (DWP 90%): _____

Other Average Flow (GDP): _____

Comments (Other): _____

III B. Wastewater Generation

Describe wastewater generating process #1:

Process #1: Average Flow (GPD): _____

Process #1: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Process #1: Batch Frequency:

Process #1: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Process #1: Treated? Yes ☐ No ☐

Process #1: Regulated Pollutants:

Process #1: Dilution Source:

Describe wastewater generating process #2

Process #2: Average Flow (GPD) _____

Process #2: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Process #2: Batch Frequency

Process #2: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Process #2: Treated? Yes ☐ No ☐

Process #2: Regulated Pollutants

Process #2: Dilution Source

Describe wastewater generating process #3

Process #3: Average Flow (GPD) _____

Process #3: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Process #3: Batch Frequency _____

Process #3: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Process #3: Treated? Yes ☐ No ☐

Process #3: Regulated Pollutants _____

Process #3: Dilution Source _____

Wastewater from contact cooling water? Yes ☐ No ☐

Contact cooling water: Average Flow (GPD) _____

Contact cooling water: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Contact cooling water: Batch Frequency: _____

Contact cooling water: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Contact cooling water: Treated? Yes ☐ No ☐

Contact cooling water: Regulated Pollutants _____

Contact cooling water: Dilution Source _____

TOTAL PRODUCTION DAY PROCESS FLOW (GPD) _____

Wastewater loss due to boiler blowdown / makeup? Yes ☐ No ☐

Boiler blowdown / makeup: Average Flow (GPD) _____

Boiler blowdown / makeup: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Boiler blowdown / makeup: Batch Frequency:

Boiler blowdown / makeup: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Boiler blowdown / makeup: Treated? Yes ☐ No ☐

Boiler blowdown / makeup: Regulated Pollutants

Boiler blowdown / makeup: Dilution Source

Wastewater loss due to evaporation? Yes ☐ No ☐

Evaporation: Average Flow (GPD)

Evaporation: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Evaporation: Batch Frequency

Evaporation: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Evaporation: Treated? Yes ☐ No ☐

Evaporation: Regulated Pollutants

Evaporation: Dilution Source

Wastewater from non-contact cooling water? Yes ☐ No ☐

Non-contact Cooling Water: Average Flow (GPD)

Non-contact Cooling Water: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Non-contact Cooling Water: Batch Frequency

Non-contact Cooling Water: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Non-contact Cooling Water: Treated? Yes ☐ No ☐

Non-contact Cooling Water: Regulated Pollutants

Non-contact Cooling Water: Dilution Source

Wastewater loss due to irrigation? Yes ☐ No ☐

Irrigation: Average Flow (GPD) _____

Irrigation: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Irrigation: Batch Frequency _____

Irrigation: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Irrigation: Treated? Yes ☐ No ☐

Irrigation: Regulated Pollutants _____

Irrigation: Dilution Source

Wastewater from sanitary system? Yes ☐ No ☐

Sanitary: Average Flow (GPD) _____

Sanitary: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Sanitary: Batch Frequency _____

Sanitary: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Sanitary: Treated? Yes ☐ No ☐

Sanitary: Regulated Pollutants _____

Sanitary: Dilution Source

Wastewater loss in product? Yes ☐ No ☐

In Product: Average Flow (GPD) _____

In Product: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

In Product: Batch Frequency

In Product: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

In Production: Treated? Yes ☐ No ☐

In Product: Regulated Pollutants

In Product: Dilution Source

Other source of wastewater generation/loss? Yes ☐ No ☐

Other: Average Flow (GPD)

Other: Batch or Continuous? (Choose One)

Batch ☐ Continuous ☐

Other: Batch Frequency

Other: Measured or Estimated? (Choose One)

Measured ☐ Estimated ☐

Other: Treated? Yes ☐ No ☐

Other: Regulated Pollutants

Other: Dilution Source

TOTAL GPD

IV. Relevant Environmental Permits

NPDES Permit Type

NPDES Permit Number

LAFD Permit Type

LAFD Permit Number

LA County DHS Permit Type	_____
LA County DHS Permit Number	_____
AQMD Permit Type	_____
AQMD Permit Number	_____
Other - Permit Type	_____
Other Permit Number	_____
EPA Hazardous Waste Generator's Number	_____

V. Process Activities

Aluminum Forming 40 CFR 467 (Choose all that apply)

N/A	<input type="checkbox"/>	Drawing With Emulsion or Soaps	<input type="checkbox"/>
Rolling With Neat Oils	<input type="checkbox"/>	Drawing with Neat Oils	<input type="checkbox"/>
Rolling With Emulsions	<input type="checkbox"/>	Forging	<input type="checkbox"/>
Extrusion	<input type="checkbox"/>		

Battery Manufacturing 40 CFR 461 (Choose all that apply)

N/A	<input type="checkbox"/>	Leclanche Type	<input type="checkbox"/>
Cadmium Anode	<input type="checkbox"/>	Lithium Anode	<input type="checkbox"/>
Calcium Anode	<input type="checkbox"/>	Magnesium Anode	<input type="checkbox"/>
Lead Anode	<input type="checkbox"/>	Zinc Anode	<input type="checkbox"/>

Coil Coating 40 CFR 465 (Choose all that apply)

N/A	<input type="checkbox"/>	Coating of Aluminum Basis Material	<input type="checkbox"/>
Coating of Steel Basis Material	<input type="checkbox"/>	Manufacturing of Seamless Can Bodies	<input type="checkbox"/>
Coating of Galvanized Basis Material	<input type="checkbox"/>		

Copper Forming 40 CFR 468 (Choose all that apply)

N/A	<input type="checkbox"/>	Beryllium Copper Alloys	<input type="checkbox"/>
Copper and Copper Alloys	<input type="checkbox"/>		

Electrical and Electronic Components 40 CFR 469 (Choose all that apply)

N/A	<input type="checkbox"/>	Electronic Crystal	<input type="checkbox"/>
Semiconductors	<input type="checkbox"/>	Cathode Ray Tubes	<input type="checkbox"/>

Electroplating 40 CFR 413 (Choose all that apply)

N/A	<input type="checkbox"/>	Electroless Plating	<input type="checkbox"/>
Alkaline Cleaning	<input type="checkbox"/>	Hot Coating	<input type="checkbox"/>
Anodizing	<input type="checkbox"/>	Immersion Plating	<input type="checkbox"/>
Chemical Milling or Etching	<input type="checkbox"/>	Phosphating	<input type="checkbox"/>
Chromating	<input type="checkbox"/>	Percious Metals Plating	<input type="checkbox"/>
Cold Forming	<input type="checkbox"/>	Printed Circuit Board	<input type="checkbox"/>
Common Metals Plating	<input type="checkbox"/>		

Iron and Steel 40 CFR 420 (Choose all that apply)

N/A	<input type="checkbox"/>	Ironmaking	<input type="checkbox"/>
Acid Pickling	<input type="checkbox"/>	Salt Bath Descaling	<input type="checkbox"/>
By-Product and Beehive Cokemaking	<input type="checkbox"/>	Sintering	<input type="checkbox"/>
Continuous Casting	<input type="checkbox"/>	Steelmaking	<input type="checkbox"/>
Hot Forming	<input type="checkbox"/>	Vacuum Degassing	<input type="checkbox"/>

Inorganic Chemicals Manufacturing 40 CFR 415 (Choose all that apply)

N/A	<input type="checkbox"/>	Iodine	<input type="checkbox"/>
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Aluminum Chloride	<input type="checkbox"/>	Lead Monoxide	<input type="checkbox"/>
Aluminum Fluoride	<input type="checkbox"/>	Lithium Carbonate	<input type="checkbox"/>
Aluminum Sulfate	<input type="checkbox"/>	Nickels Salts	<input type="checkbox"/>
Ammonium Chloride	<input type="checkbox"/>	Nitrogen	<input type="checkbox"/>
Borax	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>
Boric Acid	<input type="checkbox"/>	Potassium Chloride	<input type="checkbox"/>
Bromine	<input type="checkbox"/>	Potassium Dichromate	<input type="checkbox"/>
Cadmium Pigments/Salts	<input type="checkbox"/>	Potassium Hydroxide	<input type="checkbox"/>
Calcium Carbide	<input type="checkbox"/>	Potassium Iodide	<input type="checkbox"/>
Calcium Carbonate	<input type="checkbox"/>	Potassium Metal	<input type="checkbox"/>
Calcium Chloride	<input type="checkbox"/>	Potassium Sulfate	<input type="checkbox"/>
Calcium Hydroxide	<input type="checkbox"/>	Silver Nitrate	<input type="checkbox"/>
Calcium Oxide	<input type="checkbox"/>	Sodium Bisulfite	<input type="checkbox"/>
Carbon Monoxide	<input type="checkbox"/>	Sodium Sulfite	<input type="checkbox"/>
Chlorine	<input type="checkbox"/>	Sodium Bicarbonate	<input type="checkbox"/>
Chrome Pigments	<input type="checkbox"/>	Sodium Chlorate	<input type="checkbox"/>
Chromic Acid	<input type="checkbox"/>	Sodium Chloride	<input type="checkbox"/>
Cobalt Salts	<input type="checkbox"/>	Sodium Dichromate	<input type="checkbox"/>
Copper Salts	<input type="checkbox"/>	Sodium Metal	<input type="checkbox"/>
Ferric Chloride	<input type="checkbox"/>	Sodium Sulfate	<input type="checkbox"/>
Fluorine	<input type="checkbox"/>	Stannic Oxide	<input type="checkbox"/>
Hydrofluoric Acid	<input type="checkbox"/>	Titanium Dioxide	<input type="checkbox"/>
Hydrogen By-Product	<input type="checkbox"/>	Zinc Chloride	<input type="checkbox"/>
Hydrogen Peroxide	<input type="checkbox"/>	Zinc Sulfate	<input type="checkbox"/>
Hydrogen	<input type="checkbox"/>		

Leather Tanning and Finishing 40 CFR 425 (Choose all that apply)

N/A	<input type="checkbox"/>	Retan-Wet Finish-Side	<input type="checkbox"/>
Hair Pulp, Chrome Tan, Retan-Wet Finish	<input type="checkbox"/>	Retan-Wet Finish-Splits	<input type="checkbox"/>
Hair Save, Chrome Tan, Retan-Wet Finish	<input type="checkbox"/>	Shearling	<input type="checkbox"/>
No Beamhouse	<input type="checkbox"/>	Through-The-Blue	<input type="checkbox"/>
Pigskin	<input type="checkbox"/>		

Nonferrous Metals Forming 40 CFR 471 (Choose all that apply)

N/A	<input type="checkbox"/>	Refractory Metals	<input type="checkbox"/>
Lead-Tin-Bismuth	<input type="checkbox"/>	Titanium	<input type="checkbox"/>
Magnesium	<input type="checkbox"/>	Uranium	<input type="checkbox"/>
Metals Powders	<input type="checkbox"/>	Zinc	<input type="checkbox"/>
Nickel-Cobalt	<input type="checkbox"/>	Zirconium/Hafnium	<input type="checkbox"/>
Precious Metals	<input type="checkbox"/>		

Metal Finishing 40 CFR 433 (Choose all that apply)

N/A	<input type="checkbox"/>	Mechanical Plating	<input type="checkbox"/>
Anodizing	<input type="checkbox"/>	Metal Coloring	<input type="checkbox"/>
Assembly	<input type="checkbox"/>	Paint Stripping	<input type="checkbox"/>
Brazing	<input type="checkbox"/>	Painting	<input type="checkbox"/>
Burnishing	<input type="checkbox"/>	Painting: Electropainting	<input type="checkbox"/>
Calibration	<input type="checkbox"/>	Painting: Electrostatic	<input type="checkbox"/>
Chemical Milling/Etching	<input type="checkbox"/>	Passivation	<input type="checkbox"/>
Chromating	<input type="checkbox"/>	Phosphating	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	Polishing	<input type="checkbox"/>
Electroless Plating	<input type="checkbox"/>	Pressure Deformation	<input type="checkbox"/>
Electroplating	<input type="checkbox"/>	Printed Circuit Boards	<input type="checkbox"/>
Flame Spraying	<input type="checkbox"/>	Salt Bath Descaling	<input type="checkbox"/>
Grinding	<input type="checkbox"/>	Sand Blasting	<input type="checkbox"/>
Heat Treating	<input type="checkbox"/>	Shearing	<input type="checkbox"/>
Hot Dip Coating	<input type="checkbox"/>	Sintering	<input type="checkbox"/>

Immersion Plating	<input type="checkbox"/>	Soldering	<input type="checkbox"/>
Impact Deformation	<input type="checkbox"/>	Solvent Degreasing	<input type="checkbox"/>
Laminating	<input type="checkbox"/>	Sputtering	<input type="checkbox"/>
Machining	<input type="checkbox"/>	Testing	<input type="checkbox"/>
Machining: Electric Discharge	<input type="checkbox"/>	Thermal Cutting	<input type="checkbox"/>
Machining: Electron Beam	<input type="checkbox"/>	Thermal Infusion	<input type="checkbox"/>
Machining: Laser Beam	<input type="checkbox"/>	Tumbling	<input type="checkbox"/>
Machining: Plasma Arc	<input type="checkbox"/>	Vacuum Metalizing	<input type="checkbox"/>
Machining: Ultrasonic	<input type="checkbox"/>	Vapor Plating	<input type="checkbox"/>
Machining: Other Abrasive Jet	<input type="checkbox"/>	Welding	<input type="checkbox"/>
Nonferrous Metals Manufacturing 40 CFR 421 (Choose all that apply)			
N/A	<input type="checkbox"/>	Mercury, Secondary	<input type="checkbox"/>
Aluminum Smelting, Primary	<input type="checkbox"/>	Metallurgical Acid Plants	<input type="checkbox"/>
Aluminum Smelting, Secondary	<input type="checkbox"/>	Molybdenum & Rhenium, Primary	<input type="checkbox"/>
Antimony, Primary	<input type="checkbox"/>	Nickel & Cobalt, Primary	<input type="checkbox"/>
Bauxite Refining	<input type="checkbox"/>	Precious Metals & Mercury, Primary	<input type="checkbox"/>
Beryllium, Primary	<input type="checkbox"/>	Precious Metals, Secondary	<input type="checkbox"/>
Columbian-Tantalum, Primary	<input type="checkbox"/>	Recovery, Processing & Remelting Copper	<input type="checkbox"/>
Copper Smelting, Primary	<input type="checkbox"/>	Silver, Secondary	<input type="checkbox"/>
Electrolytic Copper Refining, Primary	<input type="checkbox"/>	Tantalum, Secondary	<input type="checkbox"/>
Gallium, Primary	<input type="checkbox"/>	Tin, Secondary	<input type="checkbox"/>
Gallium, Secondary	<input type="checkbox"/>	Titanium, Primary	<input type="checkbox"/>
Germanium, Primary	<input type="checkbox"/>	Titanium, Secondary	<input type="checkbox"/>
Germanium, Secondary	<input type="checkbox"/>	Tungsten, Primary	<input type="checkbox"/>
Hafnium, Primary	<input type="checkbox"/>	Tungsten, Secondary	<input type="checkbox"/>
Indium, Secondary	<input type="checkbox"/>	Uranium, Secondary	<input type="checkbox"/>
Lead Refining and Smelting	<input type="checkbox"/>	Zinc, Primary	<input type="checkbox"/>
Lead, Secondary	<input type="checkbox"/>	Zirconium, Primary	<input type="checkbox"/>
Organic Chemicals, Plastic, and Synthetic Fibers 40 CFR 414 (Choose all that apply)			
N/A	<input type="checkbox"/>	Rayon Fibers	<input type="checkbox"/>
Commodity Organic Chemicals	<input type="checkbox"/>	Thermoplastic Resins	<input type="checkbox"/>
Other Fibers	<input type="checkbox"/>	Thermosetting Resins	<input type="checkbox"/>
Petroleum Refining 40 CFR 419 (Choose all that apply)			
N/A	<input type="checkbox"/>	Produce Petroleum Products	<input type="checkbox"/>
Topping and Catalytic Reforming	<input type="checkbox"/>	Lube Oil Manufacturing	<input type="checkbox"/>
Topping and Cracking	<input type="checkbox"/>		
Pharmaceutical Manufacturing 40 CFR 439 (Choose all that apply)			
N/A	<input type="checkbox"/>	Chemical Synthesis Products	<input type="checkbox"/>
Fermentation Products	<input type="checkbox"/>	Mixing, Compounding and Formulation of Products	<input type="checkbox"/>
Extraction Products	<input type="checkbox"/>		
Plastics Molding and Forming 40 CFR 463 (Choose all that apply)			
N/A	<input type="checkbox"/>	Finishing	<input type="checkbox"/>
Calendaring	<input type="checkbox"/>	Foaming	<input type="checkbox"/>
Cleaning	<input type="checkbox"/>	Laminating	<input type="checkbox"/>
Coating	<input type="checkbox"/>	Molding	<input type="checkbox"/>
Extrusion	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>
Porcelain Enameling 40 CFR 466 (Choose all that apply)			
N/A	<input type="checkbox"/>	Enameling of Cast Iron	<input type="checkbox"/>
Enameling of Steel	<input type="checkbox"/>	Enameling of Copper	<input type="checkbox"/>
Pulp, Paper & Paperboard Production 430 (Choose all that apply)			
N/A	<input type="checkbox"/>	Pulp and Fine Paper at Groundwood Mills	<input type="checkbox"/>

Builder's Paper/Roofing Felt from Wastepaper	<input type="checkbox"/>	Pulp & Paper at Combined Unbleached Kraft & Semi-Chem. Mills	<input type="checkbox"/>
Dissolving Pulp at Kraft Mills	<input type="checkbox"/>	Pulp and Paper at Deink Mills	<input type="checkbox"/>
Filter/Non-woven Paper at Non-integrated Mills	<input type="checkbox"/>	Pulp & Paper at Grndwd Chem-Mech. Mills thru Thermo-Mech Prc	<input type="checkbox"/>
Finepaper at Non-integrated Mills	<input type="checkbox"/>	Pulp & Paper at Papergrade Sulfite Mills	<input type="checkbox"/>
Lightweight Paper at Non-integrated Mills	<input type="checkbox"/>	Pulp & Paper at Papergrade Sulfite Mills(Drum Washed)	<input type="checkbox"/>
Market Pulp	<input type="checkbox"/>	Pulp and Paper at Soda Mills	<input type="checkbox"/>
Molded Products from Wastepaper at Secondary Fiber Mills	<input type="checkbox"/>	Pulp at Dissolving Sulfite Mills	<input type="checkbox"/>
Paper Board at Non-integrated Mills	<input type="checkbox"/>	Semi-Chemical Mill	<input type="checkbox"/>
Paperboard From Wastepaper	<input type="checkbox"/>	Tissue Paper at Non-Integrated Mills	<input type="checkbox"/>
Paperbrd, Coarsepaper, & Tissue Paper at Blched Kraft Mills	<input type="checkbox"/>	Tissue Paper fr Wastepaper w/o Deinking @ Secndry Fiber Mill	<input type="checkbox"/>
Pulp and Course Paper, Molded	<input type="checkbox"/>	Unbleached Draft Mill	<input type="checkbox"/>
Pulp and Fine Paper at Bleached Kraft Mills	<input type="checkbox"/>	Unbleached Draft-Neutral Sulfite Semichemical Mill	<input type="checkbox"/>
Steam Electric Power Generation 40 CFR 423 (Choose all that apply)			
N/A	<input type="checkbox"/>	Steam Electric Power Generation	<input type="checkbox"/>
Textile Mills 40 CFR 410 (Choose all that apply)			
N/A	<input type="checkbox"/>	Stock and Yarn Finishing	<input type="checkbox"/>
Carpet Finishing	<input type="checkbox"/>	Wool Finishing	<input type="checkbox"/>
Felted Fabric	<input type="checkbox"/>	Wool Scouring	<input type="checkbox"/>
Non-woven Manufacturing	<input type="checkbox"/>	Woven Fabric Finishing	<input type="checkbox"/>
Timber Products Processing 40 CFR 429 (Choose all that apply)			
N/A	<input type="checkbox"/>	Plywood Production	<input type="checkbox"/>
Barking of Logs	<input type="checkbox"/>	Sawmill & Planning Mill	<input type="checkbox"/>
Hardboard Production	<input type="checkbox"/>	Storage of Unprocessed Wood	<input type="checkbox"/>
Insulation Board	<input type="checkbox"/>	Veneer Manufacturing	<input type="checkbox"/>
Log Washing	<input type="checkbox"/>	Wood Furniture & Fixture	<input type="checkbox"/>
Particleboard	<input type="checkbox"/>	Wood Preserving	<input type="checkbox"/>

VI PROCESS AREA EVALUATION A. Plans and Diagrams

Facility Site Plan on file?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Facility Floor Plan on file?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Process Unit Diagram on file?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pretreatment Plan on file?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tank Schedule on file?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VI B. Process Unit Diagram Verification

Diagram shows ind. waste stream flow to discharge point?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagram show labeling of all process tanks including volume?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagram shows any monitoring equipment installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagram shows any open trenches?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Diagram shows any chemical storage areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagram shows pretreatment system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagram shows spill contained area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is process unit diagram complete and up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If incomplete, IU must submit completed drawing by:	_____

VI C. Process Area Inspection

Are all plating tanks within a spill-containment area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Composition of berms:	_____
Do berms appear watertight?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are incompatible chemicals properly separated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, explain	_____
Are all process tanks clearly labeled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all flows from the process area hard-piped?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, does IU have a written SOP abt use of flexible hoses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all pipes free from leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are rinses turned off during non-processing times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, explain:	_____
Is single-pass rinse water used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any water conservation devices used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what type?	_____
Is area under raised floor visible for inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any waste liquids/sludge accumulated in containment areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any of the shop area floors outside the bermed area wet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the process area seem to be adequately vented?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any tanks been added or removed since last visit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the flow diagram been updated to show current flow?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VII. Nature of Pollutants in Wastewater Discharge

1. Metals and Inorganics (Choose all that apply)

N/A	<input type="checkbox"/>	Lead	<input type="checkbox"/>
Antimony	<input type="checkbox"/>	Manganese	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	Mercury	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	Molybdenum	<input type="checkbox"/>
Beryllium	<input type="checkbox"/>	Nickel	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	Selenium	<input type="checkbox"/>

Chromium	<input type="checkbox"/>	Silver	<input type="checkbox"/>
Copper	<input type="checkbox"/>	Thallium	<input type="checkbox"/>
Cyanide	<input type="checkbox"/>	Zinc	<input type="checkbox"/>
Iron	<input type="checkbox"/>		
2. Phenols and Cresols (Choose all that apply)			
N/A	<input type="checkbox"/>	Phenol, 2-nitro	<input type="checkbox"/>
Phenol(s)	<input type="checkbox"/>	Phenol, 4-nitro	<input type="checkbox"/>
Phenol, 2-chloro	<input type="checkbox"/>	Phenol, 2,4-dinitro	<input type="checkbox"/>
Phenol, 2,4-dichloro	<input type="checkbox"/>	Phenol, 2,4-dimethyl	<input type="checkbox"/>
Phenol, 1,4-dichloro	<input type="checkbox"/>	m-Cresol, p-chloro	<input type="checkbox"/>
Phenol, pentachloro	<input type="checkbox"/>	o-Cresol, 4,6-dinitro	<input type="checkbox"/>
3. Monocyclic Aromatics (Choose all that apply)			
N/A	<input type="checkbox"/>	Benzene, hexachloro	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	Benzene, ethyl	<input type="checkbox"/>
Benzene, Chloro	<input type="checkbox"/>	Benzene, nitro	<input type="checkbox"/>
Benzene, 1,2-dichloro	<input type="checkbox"/>	Toluene	<input type="checkbox"/>
Benzene, 1,4-dichloro	<input type="checkbox"/>	Toluene, 2,4-dinitro	<input type="checkbox"/>
Benzene, 1,2,4-trichloro	<input type="checkbox"/>	Toluene, 2,6-dinitro	<input type="checkbox"/>
4. PCB's and Related Compounds (Choose all that apply)			
N/A	<input type="checkbox"/>	PCB-1248	<input type="checkbox"/>
PCB-1016	<input type="checkbox"/>	PCB-1254	<input type="checkbox"/>
PCB-1221	<input type="checkbox"/>	PCB-1260	<input type="checkbox"/>
PCB-1232	<input type="checkbox"/>	2-Chloronaphthalene	<input type="checkbox"/>
PCB-1242	<input type="checkbox"/>		
5. Ethers (Choose all that apply)			
N/A	<input type="checkbox"/>	Ether, 2-chloroethyl vinyl	<input type="checkbox"/>
Ether, bis(chloromethyl)	<input type="checkbox"/>	Ether, 4-bromophenyl	<input type="checkbox"/>
Ether, bis(2-chloroethyl)	<input type="checkbox"/>	Ether, 4-chlorophenyl	<input type="checkbox"/>
Ether, bis(2-chloroisopropyl)	<input type="checkbox"/>	Ether, bis(2-chloroethoxy) methane	<input type="checkbox"/>
6. Nitrosamines and Other Nitrogen-Containing Compounds (Choose all that apply)			
N/A	<input type="checkbox"/>	Benzidine	<input type="checkbox"/>
Nitrosamine, dimethyl	<input type="checkbox"/>	Benzidine, 3,3-dichloro	<input type="checkbox"/>
Nitrosamine, diphenyl	<input type="checkbox"/>	Hydrazide, 1,2-diphenyl	<input type="checkbox"/>
Nitrosamine, di-n-propyl	<input type="checkbox"/>	Acrylonitrile	<input type="checkbox"/>
7. Halogenated Aliphatics (Choose all that apply)			
N/A	<input type="checkbox"/>	Ethane, 1,1,1-trichloro	<input type="checkbox"/>
Methane, bromo	<input type="checkbox"/>	Ethane, 1,1,2-trichloro	<input type="checkbox"/>
Methane, chloro	<input type="checkbox"/>	Ethane, 1,1,2,1-tetrachloro	<input type="checkbox"/>
Methane, dichloro	<input type="checkbox"/>	Ethane, chloro	<input type="checkbox"/>
Methane, chlorodibromo	<input type="checkbox"/>	Ethane, chloro	<input type="checkbox"/>
Methane, dichlorobromo	<input type="checkbox"/>	Ethane, 1,1-dichloro	<input type="checkbox"/>
Methane, tribromo	<input type="checkbox"/>	Ethane, trans-dichloro	<input type="checkbox"/>
Methane, trichloro	<input type="checkbox"/>	Ethane, trichloro	<input type="checkbox"/>
Methane, tetrachloro	<input type="checkbox"/>	Ethane, tetrachloro	<input type="checkbox"/>
Methane, trichlorofluoro	<input type="checkbox"/>	Propane, 1,2-dichloro	<input type="checkbox"/>
Methane, dichlorodifluoro	<input type="checkbox"/>	Propane, 1,3-dichloro	<input type="checkbox"/>
Ethane, 1,1-dichloro	<input type="checkbox"/>	Butadiene, hexachloro	<input type="checkbox"/>
Ethane, 1,2-dichloro	<input type="checkbox"/>	Cyclopentadiene, hexachloro	<input type="checkbox"/>
8. Phthalate Esters (Choose all that apply)			
N/A	<input type="checkbox"/>	Phthalate, di-n-octyl	<input type="checkbox"/>
Phthalate, di-c-methyl	<input type="checkbox"/>	Phthalate, bis(2-ethylhexyl)	<input type="checkbox"/>
Phthalate, di-n-ethyl	<input type="checkbox"/>	Phthalate, butyl benzyl	<input type="checkbox"/>

Phthalate, di-n-butyl	<input type="checkbox"/>		
9. Polycyclic Aromatic Hydrocarbons (Choose all that apply)			
N/A	<input type="checkbox"/>	Chrysene	<input type="checkbox"/>
Acenaphthene	<input type="checkbox"/>	Dibenzo(a,h) anthracene	<input type="checkbox"/>
Acenaphthylene	<input type="checkbox"/>	Fluoranthene	<input type="checkbox"/>
Anthracene	<input type="checkbox"/>	Fluorene	<input type="checkbox"/>
Benzo(a)anthracene	<input type="checkbox"/>	Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>
Benzo(b)fluoranthene	<input type="checkbox"/>	Naphthalene	<input type="checkbox"/>
Benzo(k)fluoranthene	<input type="checkbox"/>	Phenanthrene	<input type="checkbox"/>
Benzo(ghi)perylene	<input type="checkbox"/>	Pyrene	<input type="checkbox"/>
Benzo(a)pyrene	<input type="checkbox"/>		
10. Pesticides (Choose all that apply)			
N/A	<input type="checkbox"/>	Dieldrin	<input type="checkbox"/>
Acrolein	<input type="checkbox"/>	Endosulfan (Alpha)	<input type="checkbox"/>
Aldrin	<input type="checkbox"/>	Endosulfan (Beta)	<input type="checkbox"/>
BHC (Alpha)	<input type="checkbox"/>	Endosulfan Sulfate	<input type="checkbox"/>
BHC (Beta)	<input type="checkbox"/>	Endrin	<input type="checkbox"/>
BHC (Gamma) Lindane	<input type="checkbox"/>	Endrin Aldehyde	<input type="checkbox"/>
BHC (Delta)	<input type="checkbox"/>	Heptachlor	<input type="checkbox"/>
Chlordane	<input type="checkbox"/>	Heptachlor epoxide	<input type="checkbox"/>
4,4-DDD(p,p-TDE)	<input type="checkbox"/>	Isophorone	<input type="checkbox"/>
4,4-DDE(p,p-DDX)	<input type="checkbox"/>	TCDD (or Dioxin)	<input type="checkbox"/>
4,4-DDT	<input type="checkbox"/>	Toxaphene	<input type="checkbox"/>

VIII A. Pretreatment Systems

1. Is any treatment unit out of service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is pretreatment diagram current and complete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Unauthorized discharge points or bypass in service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe	<hr/>	
4. Adequate system in place to correct a problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Describe:	<hr/>	
5. PTS Actual Flow (gpd):	<hr/>	
Treatment - Batch or Continuous? (Choose One)		
Batch <input type="checkbox"/>	Continuous <input type="checkbox"/>	
6. Capacity of pretreatment system	<hr/>	
7. GPM of continuous system	<hr/>	
8. Total capacity of batch system	<hr/>	
9. Frequency of discharge	<hr/>	
10. Reagents used:	<hr/>	
11. Reagent supply on hand:	<hr/>	
12. Discharge - Batch or Continuous? (Choose One)		
Batch <input type="checkbox"/>	Continuous <input type="checkbox"/>	
13. Effluent filtration media (i.e. sand, cloth bag, etc.)	<hr/>	

14. Operation Schedule: (Hour/day) and (Day/week)	<hr/>
15. Description of overall condition	<hr/>
16. Sludge dewatering method	<hr/>
17. Amount of sludge generated	<hr/>
18. Sludge disposal method	<hr/>
19. Last date hazardous waste removed	<hr/>
20. Any hazardous waste discharged to POTW?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Are waste manifests completed accurately?	Yes <input type="checkbox"/> No <input type="checkbox"/>
22. How often are spent/unusable plating solutions replaced?	<hr/>
23. How are spent/unusable plating solutions disposed?	<hr/>

VIII B. 1. Pretreatment Unit Inspections - pH

1. a) Is pH meter/recorder installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In SSF?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At last point before mixing with domestic waste?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Directly after pretreatment, prior to non-reg. flow?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Installed at property line?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Last date pH probes calibrated:	<hr/>
Calibrated by whom:	<hr/>
c) Frequency of pH probe calibration:	<hr/>
d) Are calibrations being recorded in treatment log?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Check pH charts. Any violations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, date:	<hr/>
duration:	<hr/>
suspected violation type: (Choose One)	
Acid <input type="checkbox"/>	Alkaline <input type="checkbox"/>
f) Is pH chart paper checked/initialed by operator daily?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Is an adequate supply of acid/caustic on-site for pH?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Is meter ever turned off?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain	<hr/>

VIII B. 2. Pretreatment Unit Inspections - Clarifiers

a) Has sludge built up in clarifier?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, comment on how deep, how many compart., etc.	<hr/>

- b) Any visible floatable in the last stages of clarifier? Yes ☐ No ☐
- c) Last date clarifier cleaned out: _____
- Manifest on site? Yes ☐ No ☐
- d) Does observed flow through clarifier seem reasonable? Yes ☐ No ☐

VIII B. 3. Pretreatment Unit Inspections - Cyanide Destruction

- For CFR 433, cyanide bearing waste flow (gpd): _____
- a) Cyanide oxidation ORP reading _____
- b) Cyanide oxidation pH meter reading _____
- c) Adequate caustic supplies on site? Yes ☐ No ☐
- Indicate type and amount: _____
- d) SP accessible immed. after cyanide destruction? Yes ☐ No ☐

VIII B. 4. Pretreatment Unit Inspections - Chrome

- a) Chrome reduction ORP reading: _____
- b) Chrome reduction pH reading: _____
- c) Adequate acid supplies on site? Yes ☐ No ☐
- d) Adequate metabisulfite supply on site? Yes ☐ No ☐
- e) Other reducing agents used: _____
- f) Chrome-bearing waste flow (gpd): _____

VIII B. 5. Pretreatment Unit Inspections - Maintenance

- a) Are pumps and mixers operating well? Yes ☐ No ☐
- b) Are back-up pumps and mixers available? Yes ☐ No ☐
- c) Is the logbook for maintenance kept current? Yes ☐ No ☐

IX A. Hazardous Materials

1. Are hazardous materials stored in secured areas? Yes ☐ No ☐
2. Are they accessed by way of a locked door or gate? Yes ☐ No ☐
3. Are tanks/drums labeled with content? Yes ☐ No ☐
4. Is spill containment adequate? Yes ☐ No ☐
5. Is storage area roofed to exclude rainwater? Yes ☐ No ☐
6. Does facility have Material Safety Data Sheets? Yes ☐ No ☐

7. Is the MSDS file readily available to employees? Yes ☐ No ☐

IX B. Waste Storage and Disposal

1. Disposal by means other than discharge to sewer system? Yes ☐ No ☐

2. Is there discharge to the Storm Drain (SD)? Yes ☐ No ☐

a) Does company have permit for discharge to Storm Drain? Yes ☐ No ☐

b) Is there a Rain Diversion Valve (RDV)? Yes ☐ No ☐

c) Does RDV work properly? Yes ☐ No ☐

3. Which of the following does the company practice? (Choose all that apply)

On-site storage	<input type="checkbox"/>	Off-site recycling	<input type="checkbox"/>
Off-site storage	<input type="checkbox"/>	On-site recycling	<input type="checkbox"/>
Off-site disposal	<input type="checkbox"/>	Sold for recovery	<input type="checkbox"/>

4. Does facility receive waste from off-site? Yes ☐ No ☐

If yes, does facility have proper TSDF permits? Yes ☐ No ☐

5. Is any waste stored for longer than 90 days? Yes ☐ No ☐

6. Is 90-day storage of wastes in a secured area? Yes ☐ No ☐

Accessed by locked door or gate? Yes ☐ No ☐

7. Is spill containment adequate? Yes ☐ No ☐

8. Are incompatibles separate? Yes ☐ No ☐

9. Is storage area roofed to exclude rainwater? Yes ☐ No ☐

10. Are containers in good condition? Yes ☐ No ☐

11. Are containers compatible with wastes? Yes ☐ No ☐

12. Are containers kept closed during storage? Yes ☐ No ☐

13. a) Container labels include words HAZARDOUS WASTE Yes ☐ No ☐

b) Labels include comp. and phys. state of waste? Yes ☐ No ☐

d) Labels call attention to haz properties of waste? Yes ☐ No ☐

e) Labels incl. name/address of haz waste generator? Yes ☐ No ☐

f) Labels include accumulation start date? Yes ☐ No ☐

IX C. Storm Water Storage and Disposal

1. Is storm water run-off collected? Yes ☐ No ☐

2. If so, storage tank/contrn. dedicated for strm water only? Yes ☐ No ☐

If not, what percentage is storm water:

What is the volume of the storage tank (gallon)?

3. a) If storm water is stored, does IU keep a logbook? Yes ☐ No ☐

- b) Is discharge date and volume kept in logbook? Yes ☐ No ☐
4. Does storm water go to the pretreatment system? Yes ☐ No ☐
- Is transfer from storage tank to PTS via hardpipe/hose? Yes ☐ No ☐
5. Is storm water pretreated prior to disposal to the sewer? Yes ☐ No ☐
- Method(s) of pretreatment: _____
6. Is storm water connection after the pretreatment system? Yes ☐ No ☐

X A. Sampling Point

- Secured sampling facility (SSF) at pt of dischg to sewer? Yes ☐ No ☐
- Location and description of sampling points: _____
- Is SSF adequate to contain monitoring equipment? Yes ☐ No ☐
- Is it secure? No possible tampering? Yes ☐ No ☐
- Sewer size, type and location: _____

X B. Flow Meter

- Flow meter/recorder installed at pt of dischg to sewer? Yes ☐ No ☐
- If yes, what type, made and model: _____
- Is it capable of flow proportioning? Yes ☐ No ☐
- Is the flow meter/recorder operating properly? Yes ☐ No ☐
- Date of last calibration: _____
- Calibrated by: _____
- Frequency of calibration: _____
- Are calibrations recorded in logbook? Yes ☐ No ☐

X C. Samples Taken

- Any samples taken? Yes ☐ No ☐

XI Pollution Prevention

- Does the company have a Toxic Organic Management Plan? Yes ☐ No ☐
- Current Res or approved TOMP on file _____
- Does the IU have a formal Pollution Prevention Program? Yes ☐ No ☐
- If yes, describe _____
3. Does the IU use a rag cleaning service? Yes ☐ No ☐

If yes, give name and address: _____

Indicate applicable process substitutions (Choose all that apply)

- | | | | |
|--|--------------------------|--|--------------------------|
| PS10-Water-based (not oil-based) coolants and inks | <input type="checkbox"/> | PS50-Auto. sys. for more precise monitoring & trans. oper. | <input type="checkbox"/> |
| PS20-Cooling towers without antifoulants | <input type="checkbox"/> | PS60-Drag out reductions(i.e. air knives, drain. bds & tank) | <input type="checkbox"/> |
| PS30-Sand blasting (not acid cleaning) | <input type="checkbox"/> | PS70-High Pressure/ low volume systems | <input type="checkbox"/> |
| PS40-Aluminum can washing w/o conversion coating | <input type="checkbox"/> | PS80-Use of reusable instead of disposable filters/container | <input type="checkbox"/> |

Indicate applicable material substitutions (Choose all that apply)

- | | | | |
|--|--------------------------|--|--------------------------|
| MS10-Water-based (not halogenated) solvents | <input type="checkbox"/> | MS70-Use of non-phosphate containing chemicals | <input type="checkbox"/> |
| MS20-Detergents that do not contain zinc | <input type="checkbox"/> | MS80-Use of trivalent instead of hexavalent chrome-plating | <input type="checkbox"/> |
| MS30-Neutral washing agents (not acids and bases) | <input type="checkbox"/> | MS90-Non-chelated process chemicals | <input type="checkbox"/> |
| MS40-Replace acetone with ethylacetate | <input type="checkbox"/> | MS100-Non-chlorophenolic biocides | <input type="checkbox"/> |
| MS50-Replace cyanide with non-cyanide plating solution | <input type="checkbox"/> | MS110-Alkaline (not solvent) degreasing | <input type="checkbox"/> |
| MS60-Material purification (i.e. use of distilled water) | <input type="checkbox"/> | | |

Indicate applicable product changes (Choose all that apply)

- | | | | |
|---|--------------------------|--|--------------------------|
| PC10 - Product substitution (convert to less toxic product) | <input type="checkbox"/> | PC20 - Product reformulation (convert to less toxic compnts) | <input type="checkbox"/> |
|---|--------------------------|--|--------------------------|

Indicate applicable water conservation procedures (Choose all that apply)

- | | | | |
|------------------------------|--------------------------|---|--------------------------|
| WC10 - Over-tank rinsing | <input type="checkbox"/> | WC60 - Reuse of treated effluent | <input type="checkbox"/> |
| WC20 - Cascade rinsing | <input type="checkbox"/> | WC70 - Flow restrictions on rinse tanks | <input type="checkbox"/> |
| WC30 - Static rinsing | <input type="checkbox"/> | WC80 - Use of spray rinsing | <input type="checkbox"/> |
| WC40 - Recirculating cooling | <input type="checkbox"/> | WC90 - Install aeration device on faucets | <input type="checkbox"/> |
| WC50 - Chillers | <input type="checkbox"/> | WC100 - Counter current rinsing | <input type="checkbox"/> |

Indicate applicable on-site reuse processes (Choose all that apply)

- | | | | |
|---|--------------------------|---|--------------------------|
| OSR10 - Metals removal from plating spents | <input type="checkbox"/> | OSR60 - Reverse osmosis for heavy metals recovery | <input type="checkbox"/> |
| OSR20 - Metals scrap reclaim | <input type="checkbox"/> | OSR70 - Reuse of baghouse dusts | <input type="checkbox"/> |
| OSR30 - Recycle pesticide rinsates into final product | <input type="checkbox"/> | OSR80 - Solvent recycling | <input type="checkbox"/> |
| OSR40 - Polystyrene recycling | <input type="checkbox"/> | OSR90 - Other in process recycling | <input type="checkbox"/> |
| OSR50 - Regeneration of forge and machining coolants | <input type="checkbox"/> | | |

Indicate applicable off-site recycling/reclamation (Choose all that apply)

- | | | | |
|--|--------------------------|--|--------------------------|
| OSRR10 - Tramp oils | <input type="checkbox"/> | OSRR60 - Electrowinning anodes | <input type="checkbox"/> |
| OSRR20 - Machine shop coolant | <input type="checkbox"/> | OSRR70 - Cellulose filter cake | <input type="checkbox"/> |
| OSRR30 - Smelter-compatible scrap | <input type="checkbox"/> | OSSR80 - Spent developer solutions to recover silver | <input type="checkbox"/> |
| OSRR40 - Precipitate sludges | <input type="checkbox"/> | OSSR90 - Inter-industry waste exchange | <input type="checkbox"/> |
| OSRR50 - Filter cake recycle (recover precious metals) | <input type="checkbox"/> | | |

Indicate installation of P2 equipment/systems (Choose all that apply)

- | | | | |
|--|--------------------------|---------------------------------------|--------------------------|
| IOP2E/S10 - Replaced copper coils | <input type="checkbox"/> | IOP2E/S50 - Overflow control devices | <input type="checkbox"/> |
| IOP2E/S20 - Replaced lead-lined tanks | <input type="checkbox"/> | IOP2E/S60 - Closed loop systems | <input type="checkbox"/> |
| IOP2E/S30 - Replaced metal piping | <input type="checkbox"/> | IOP2E/S70 - Equipment Modernization | <input type="checkbox"/> |
| IOP2E/S40 - Use of refrig freeboard on vap | <input type="checkbox"/> | IOP2E/S80 - Flow Restriction/controls | <input type="checkbox"/> |

degreasing units

Indicate operating practices and management (Choose all that apply)

OPM10 - SB 14	<input type="checkbox"/>	OPM50 - Other P2/Env. Management Programs	<input type="checkbox"/>
OPM20 - ISO 14000	<input type="checkbox"/>	OPM60 - Employee training	<input type="checkbox"/>
OPM30 - EMS	<input type="checkbox"/>	OPM70 - Housekeeping	<input type="checkbox"/>
OPM40 - Toxic Organic Management Plan	<input type="checkbox"/>	OPM80 - Segregation of wastestream to eliminate pollutants	<input type="checkbox"/>

XII Inspector's Summary of Findings

Describe observations that require followup

Name of Person 1 present during inspection

Title of Person 1

Affiliation of Person 1

Name of Person 2 present during inspection

Title of Person 2

Affiliation of Person 2

Name of Person 3 present during inspection

Title of Person 3

Affiliation of Person 3

Name of Person 4 present during inspection

Title of Person 4

Affiliation of Person 4

Name of Person 5 present during inspection

Title of Person 5

Affiliation of Person 5

Industrial waste inspector

Date of inspection

Time of inspection

Senior industrial waste inspector

Date of review (Senior inspector)

Chief industrial waste inspector

Date of review (Chief inspector)

XIII Deficiencies Observed

Deficiency #1:

Resolve by (date): _____

Follow-up by: (Choose all that apply)

Field inspection ☐ Others ☐
Phone calls ☐

Was NOV issued? Yes ☐ No ☐

Deficiency #1 resolved? Yes ☐ No ☐

If not resolved, explain:

Deficiency #2:

Resolve by (date): _____

Follow-up by: (Choose all that apply)

Field inspection ☐ Others ☐
Phone calls ☐

Was NOV issued? Yes ☐ No ☐

Deficiency #2 resolved? Yes ☐ No ☐

If not resolved, explain:

Deficiency #3:

Resolve by (date): _____

Follow-up by: (Choose all that apply)

Field inspection ☐ Others ☐
Phone calls ☐

Was NOV issued? Yes ☐ No ☐

Deficiency #3 resolved? Yes ☐ No ☐

If not resolved, explain:

Deficiency #4:

Resolve by (date):

Follow-up by: (Choose all that apply)

Field inspection

☐

Others

☐

Phone calls

☐

Was NOV issued?

Yes ☐ No ☐

Deficiency #4 resolved?

Yes ☐ No ☐

If not resolved, explain:

Deficiency #5:

Resolve by (date):

Follow-up by: (Choose all that apply)

Field inspection

☐

Others

☐

Phone calls

☐

Was NOV issued?

Yes ☐ No ☐

Deficiency #5 resolved?

Yes ☐ No ☐

If not resolved, explain:

NARRATIVE